Name in Full — Certificate of Death

Harriet Emily Carr

Died at Town: Kent Island — County: Queen Annes — MARYLAND

Date 189 8 — Month: Nov. — Day: 15 — Age: Y. 30 M. 9 D. 24 — Native of: Md. — Occupation: Housewife

~~Male~~ Female — ~~White~~ Colored — Married ~~Single~~ ~~Widowed~~ ~~Divorced~~ — Number of children living 3

Husband / Wife of James Carr

Father's Name: Bradford Nicholson — Mother's Name: Nancy Denny

Cause of Death — Primary: Appendicitis 95- — How long sick: one week

Immediate: Peritonitis — ~~Accident, Suicide, Homicide~~

Reported by C. Percy Kemp. M.D.

Address Kent Island Maryland —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Samuel Robinson Chance

Town: Ruthsburg

County: Queen Anne

Died at MARYLAND

Date 189 8 — Month: Nov — Day: 10

Age — Y.: 62 — M.: 10 — D.: 9

Native of: Md

Occupation: Farmer

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / Widower

~~Divorced~~

Number of children living 5

Husband ~~Wife~~ of Almira Jump 145 E

Father's Name: Nathan Chance

Mother's Name: Sallie Eaton

Cause of Death — Primary: Concussion of Brain from horse kick

How long sick: 13 days

Immediate: Coma

Accident, ~~Suicide, Homicide~~

Reported by: Walter H Fenby

Address: Ruthsburg, Queen Anne Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full: Laurence V. Clark

Certificate of Death

Died ~~at~~ Town: Centreville

County: Queen Anne

MARYLAND

Date 1898 Month 11 Day 19

Age Y. 29 M. 8 D. 4

Native of: Balto

Occupation: Sailor

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: John H Clark

Mother's Name: Emma Clark Lee

Cause of Death: Primary: Acute Nephritis 96

Immediate: Pulmonary Oedema

How long sick: about 1 month

Accident, Suicide, Homicide

Reported by: J Workman

Address: Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

Name in Full Preston Clash

Certificate of Death

Died at Town Centreville County Queen Anne's MARYLAND

Date 1898 Month Nov Day 24th Age Y. 34 M. D. Native of Maryland Occupation Clerk

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name Cloudsbury Clash Mother's Name Sarah Clash

Cause of Death Primary Cocaine Habit How long sick 3 hours

Immediate Over dose 37 ~~Accident~~, Suicide, ~~Homicide~~

Reported by J A Stolton M D

Address Centreville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Violetta C. Cole

Certificate of Death

Died at Town Bridgetown County Q. Annes MARYLAND

Date 1898 Month Nov. Day 12 Age Y. 42 M. 7 D. 2 Native of Penn Occupation Lady

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband / Wife of Armandis Cole

Father's Name Adam Sult

Mother's Name

Cause of Death: Primary

Immediate Heart Failure 155 b

How long sick

Accident, Suicide, Homicide

Reported by J. E. Graham M.D.

Address Ingleside Q.A. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Michael Eiser

Certificate of Death

Town Queenstown County Q.A.Co MARYLAND

Died at

Date 189 8 Month Nov. Day 21 | Age Y. 62 M. 11 D. 8 | Native of Germany | Occupation Shoe Maker

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Divorced~~ | Number of children living 5

Husband of —
Wife of —

Father's Name Michael Eiser | Mother's Name Kate Eiser

Cause of Death { Primary Tuberculosis - Fistula In Ano | How long sick 4 yrs
Immediate Heart Failure 22a | ~~Accident, Suicide, Homicide~~

Reported by Dr. Chas. F Davidson

Address Queenstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full | Certificate of Death

Loda Hendricks

Died at Town: Alms House, County: Rutherford 2 A Co | MARYLAND

Date 189 8 | Month: Nov | Day: 14 | Age: Y. 73 M. D. | Native of | Occupation

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Widower | ~~Number of children living~~

~~Husband~~ of Wife

Father's Name: Dont Know | Mother's Name: Dont Know

Cause of Death: Primary: Old age | Immediate: Heart failure | How long sick: 141 | ~~Accident, Suicide, Homicide~~

Reported by: J A Holton MD

Address: Cushmville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Frederick Thomas Merrick

Town

County

Died at Sudlersville Queen Anne MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 189 Nov 4 | Age 37-6 | Sudlersville | Physician

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name James Merrick

Mother's Name Annie D Merrick

Cause of Death { Primary: Typhoid Fever 1 | How long sick: 10 days

Immediate: Perforation of bowel | ~~Accident, Suicide, Homicide~~

Reported by R K Coeley, M.D.

Address Sudlersville. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM 8

Name in Full Roxie Moore

Certificete of Death

Died at Town near Stevensville County Queen Anne Co. O A Con MARYLAND

Date 189 18 Month noven Day 27 Age Y. 19 M. 1 D. Native of O A Co Occupation

Male White white Married Widow Divorced

Female female Colored Single Widower Number of children living

Husband of Wife

Father's Name Wm T Moore Mother's Name Mary Moore

Cause of Death Primary Dyphtheria 8a How long sick 4 dayes

Immediate Embolism of Heart Accident, Suicide, Homicide

Reported by Walter G Wallis

Address to John S Fulton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Carry G. Murphy

Certificate of Death

Died at Town Ingleside County Queen Annes MARYLAND

Date 189 [illegible] Month Nov. Day 12 Age Y. 11 M. 1 D. Native of Md Occupation Lake

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name James O. Murphy

Mother's Name Hannah A. Murphy Harrington

Cause of Death Primary 72 How long sick 5 days

Immediate Pneumonia Accident, Suicide, Homicide

Reported by Jas Elsraham M. D.

Address Ingleside Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Thos. Shenbrooks

Certificate of Death

Died at Town Centreville County Queen Ann MARYLAND

Date 189 8 Month 11 Day 25 Age Y. 63 M. D. Native of Md Occupation Wheelwright

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband Wife of Sallie Shenbrooks

Father's Name — Mother's Name 42

Cause of Death Primary Arterio-Sclerosis How long sick 7 days

Immediate Cerebral Hemorrhage Accident, Suicide, Homicide

Reported by J M Dorkran

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full John Smith

Certificate of Death

Died at Town Centreville County Queen Annes MARYLAND

Date 189 8 Month Nov. Day 26. | Age Y. 50 M. — D. | Native of Maryland | Occupation General Worr

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 22a

Father's Name Wm Smith

Mother's Name Ellen Smith

Cause of Death: Primar Pulmonary Tuberculosis — How long sick 2 years

Immediate Exhaustion — ~~Accident, Suicide,~~ Homicide

Reported by Jno Dordley for Dawson & Whiteley

Address No physician in attendance Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66888

Name in Full | Certificate of Death

Anne Maria Sparks

Died at Town: Alms House County: Queen Anns MARYLAND

Date 1898 Month: Nov Day: 20 | Age Y. 81. M. D. | Native of: 2 A. Co | Occupation: House wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

X Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Shewbrooks | Mother's Name:

Cause of Death: Primary: old age | ~~How long~~ sick

Immediate: Paralysis 44 | ~~Accident, Suicide, Homicide~~

Reported by: J A Holton M D

Address: Centreville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Carrie Edward Timms

Died at Town: Kent Island County: Queen Anne's MARYLAND

Date 1898 Month: Nov. Day: 19 | Age Y. 5 M. 7 D. 7 | Native of Md. | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widowed~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name William G. Timms Jr

Mother's Name Minnie Harris

Cause of Death: Primary Diphtheria 8a — How long sick one month & 3 days.

Immediate Progressive Heart Weakness & Nephritis ~~Accident, Suicide, Homicide~~

Reported by C. Percy Kemp. M. D.

Address Kent Island Queen Anne's Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Nama in Full Chas. H. Tolson

Certificata of Death

Town Church Hill County Queen Anne's

Died ~~at~~ near Church Hill MARYLAND

Date 1898 Nov. Month Day 7 Age Y. M. D. Nativa of Md Occupation Farm Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Singla ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Jno. Tolson

Mothar's Name Ellen Tolson

Cause of Death Primary Phthisis 22a How long sick Two years

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by J Lane Finley

Address Church Hill Md

Must be signed by physician, if any in attendance, otharwise by coroner, undartaker or ministar.

LIBRARY BUREAU, 79708

Name in Full | Certificete of Death

Chas Wesley Wells

Died Town near Church Hill County Q. A. Co MARYLAND

Date 1898 Month 11 Day 23 | Age Y. 16 M. 7 D. 9 | Netive of Q. A. Co | Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Wm Wills | Mother's Name Mary Wills

Cause of Deeth: Primary Typhoid Fever | How long sick 2 wak

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J. Markran MD

Address Centreville Md

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706